

County: Waukesha
WATERS OF WESTMORELAND (THE)
1810 KENSINGTON DRIVE

Facility ID: 9390

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WAUKESHA 53188 Phone: (262) 548-1400
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 245
Total Licensed Bed Capacity (12/31/01): 245
Number of Residents on 12/31/01: 167

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 169

Corporation
Skilled
No
Yes
Yes
169

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.5
Supp. Home Care-Personal Care	No					1 - 4 Years		40.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.8	More Than 4 Years		17.4
Day Services	No	Mental Illness (Org./Psy)	20.4	65 - 74	9.6			-----
Respite Care	No	Mental Illness (Other)	3.0	75 - 84	29.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	43.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	6.0	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	16.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	19.2	65 & Over	92.2	-----		
Transportation	No	Cerebrovascular	5.4		-----	RNs		10.4
Referral Service	No	Diabetes	9.6	Sex	%	LPNs		5.9
Other Services	Yes	Respiratory	10.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.6	Male	22.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	16	100.0	148	128	100.0	110	0	0.0	0	23	100.0	183	0	0.0	0	0	0.0	0	167	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		128	100.0		0	0.0		23	100.0		0	0.0		0	0.0		167	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	1.2	22.8	76.0	167
Other Nursing Homes	4.8	Dressing	12.6	50.9	36.5	167
Acute Care Hospitals	81.9	Transferring	12.0	48.5	39.5	167
Psych. Hosp. -MR/DD Facilities	1.4	Toilet Use	19.2	39.5	41.3	167
Rehabilitation Hospitals	0.0	Eating	44.3	32.3	23.4	167
Other Locations	3.3	*****				
Total Number of Admissions	210	Continence	%	Special Treatments	% Total	
Percent Discharges To:		Indwelling Or External Catheter	4.2	Receiving Respiratory Care	12.0	
Private Home/No Home Health	23.3	Occ/Freq. Incontinent of Bladder	61.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	14.1	Occ/Freq. Incontinent of Bowel	46.1	Receiving Suctioning	0.0	
Other Nursing Homes	7.0	Mobility		Receiving Ostomy Care	3.0	
Acute Care Hospitals	11.9			Receiving Tube Feeding	1.8	
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets	28.7	
Rehabilitation Hospitals	0.0	Physically Restrained	2.4			
Other Locations	7.0	Skin Care		Other Resident Characteristics		
Deaths	36.6	With Pressure Sores	6.6	Have Advance Directives	95.8	
Total Number of Discharges		With Rashes	2.4	Medications		
(Including Deaths)	227				Receiving Psychoactive Drugs	58.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	69.0	77.1	0.89	80.2	0.86	82.7	0.83	84.6	0.82
Current Residents from In-County	76.0	82.7	0.92	83.3	0.91	85.3	0.89	77.0	0.99
Admissions from In-County, Still Residing	23.3	19.1	1.22	27.4	0.85	21.2	1.10	20.8	1.12
Admissions/Average Daily Census	124.3	173.2	0.72	94.3	1.32	148.4	0.84	128.9	0.96
Discharges/Average Daily Census	134.3	173.8	0.77	98.8	1.36	150.4	0.89	130.0	1.03
Discharges To Private Residence/Average Daily Census	50.3	71.5	0.70	31.6	1.59	58.0	0.87	52.8	0.95
Residents Receiving Skilled Care	100	92.8	1.08	89.7	1.11	91.7	1.09	85.3	1.17
Residents Aged 65 and Older	92.2	86.6	1.06	90.1	1.02	91.6	1.01	87.5	1.05
Title 19 (Medicaid) Funded Residents	76.6	71.1	1.08	71.6	1.07	64.4	1.19	68.7	1.12
Private Pay Funded Residents	13.8	13.9	0.99	19.1	0.72	23.8	0.58	22.0	0.63
Developmentally Disabled Residents	0.0	1.3	0.00	0.8	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	23.4	32.5	0.72	35.4	0.66	32.2	0.73	33.8	0.69
General Medical Service Residents	6.6	20.2	0.33	20.3	0.33	23.2	0.28	19.4	0.34
Impaired ADL (Mean)	62.9	52.6	1.20	51.8	1.21	51.3	1.23	49.3	1.28
Psychological Problems	58.1	48.8	1.19	47.7	1.22	50.5	1.15	51.9	1.12
Nursing Care Required (Mean)	6.8	7.3	0.93	7.3	0.93	7.2	0.94	7.3	0.93